



Iowa Department of Human Services

Kim Reynolds
Governor

Adam Gregg
Lt. Governor

Jerry R. Foxhoven
Director

INFORMATIONAL LETTER NO.1884-MC-FFS-D

DATE: February 5, 2018

TO: All Iowa Medicaid Providers (Excluding Consumer Directed Attendant Care (CDAC) and Waiver)

APPLIES TO: Fee-for-Service (FFS) and Dental

FROM: Iowa Department of Human Services (DHS), Iowa Medicaid Enterprise (IME)

RE: Long Term Care (LTC) Admissions and Medical/Dental Prior Authorizations (PA) Processes

EFFECTIVE: Upon Receipt

When requesting a review for LTC admission, the original admission date is required. This date is defined as the first day the resident is admitted to the nursing facility (NF), regardless of the pay source at the time of admission. A re-admission to the NF after an acute hospitalization will have a different date of service; however, the original admission date does not change; as long as the resident has not been discharged from the NF with the intention of not returning. Both the original admission date and the re-admission date are necessary for review.

All LTC admission requests must include the Medicaid member's current medication and diagnosis lists with submission of the [Level of Care \(LOC\) Certification for Facility](#)¹ form. The form is required when:

- Medicaid is the primary insurer.
- The resident is transitioning from Medicare Skilled LOC to Intermediate LOC and Medicaid is the primary insurer.
- The application for Medicaid benefits is in process, or has been completed.
- The resident is a member of the Iowa Health and Wellness Plan.
- The resident is admitted for Respite services when Medicaid is the primary insurer.
- The admission is for Hospice service or is transitioning to Hospice care when Medicaid is the primary insurer.
- The resident has a change in LOC.

The LOC Certification for Facility form is **not** required when:

- Medicaid is not the primary insurer.
- The resident is covered through Medicare skilled or private insurance for the entire LTC stay with plans to discharge back to previous living arrangements.

¹ <http://dhs.iowa.gov/sites/default/files/470-4393.pdf>

When requesting a medical/dental PA, the [Request for Prior Authorization](#)² must include the following:

- The billing provider's National Provider Identifier (NPI) number, matching the demographic information in Boxes 4-11.
- The accurate Healthcare Common Procedure Coding (HCPC) code corresponding with the requested service.
- The expected date(s) (Box 6) the service is to be provided.
- A detailed treatment plan outlined in Box 13.
- Submission of documentation supporting the requested service(s); (Including x-rays, model and probing charts for dental/orthodontia requests.).
- Provider signature is required in Box 23 (versus Box 25 which should be left blank by providers).

Utilization of the IME Provider Manuals to determine requirements associated with services is highly suggested to prevent a request for additional information and possible subsequent technical denial if the additional information is not received within 10 days of the request.

Please keep in mind that an approved PA does not guarantee payment. A member's Medicaid eligibility is a very important determining factor for payment. It is the responsibility of the provider to check eligibility prior to performing any requested service. To confirm eligibility, providers should use the **ELVS** line at 1-800-338-7752 (515-323-9639 locally in Des Moines) or the [ELVS web portal](#)³.

For this and further information, please refer to the educational videos found on both the [Nursing Facilities and Skilled Nursing Facilities \(NF and SNF\)](#)⁴ and [Prior Authorization](#)⁵ DHS web pages under Information Resources.

If you have any questions, please contact the IME Medical Services Unit at 1-800-383-1173.

² https://dhs.iowa.gov/sites/default/files/470-0829_RequestPriorAuthorization_0.pdf

³ <https://ime-ediss5010.noridian.com/iowaxchange5010/LogonDisplay.do>

⁴ <https://dhs.iowa.gov/ime/members/medicaid-a-to-z/long-term-care/nursing-care>

⁵ <https://dhs.iowa.gov/ime/providers/claims-and-billing/PA>